

CFW 28 US

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(page 1)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural

names are listed DATA COMM	d below) of the subject matter which in IUNICATION APPARATUS AN	s claimed and for which a pater ND TRANSMISSION RES	t is sought on th	MANAGING METHOD
the specification	of which is attached hereto; or anitional Application No. 09/826,	was filed on April 5	2001	as United States Application
	on (if applicable).			
by any amendmen	state that I have reviewed and understan nt referred to above. Pledge the duty to disclose information w			
certificate, or §36 and have also ide	claim foreign priority benefits under 35 65(a) of any PCT international applicate tified below any foreign application for application on which priority is claimed	ion which designates at least one r patent or inventor's certificate, o d:	country other tha	an the United States, listed below al application having a filing date (Yes / No)
Country	Application No.	Filed (Day / Mo. / Yr.)		Priority Claimed
Japan	104677/2000(Pat.)	06/April/2000		Yes
Japan	092673/2001(Pat.)	28/March/2001		Yes

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Status

Application No.

Filed (Day/Mo./Yr.)

(Patented, Pending, Abandoned)

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

ROSSI & ASSOCIATES P.O.BOX 826, ASHBURN, VA 20146-0826 (703)904-4332

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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